

A CASE OF SUBACUTE DIFFUSED CORTICAL CEREBRITIS.

REPORTED BY DR. H. C. WOOD.

Jno. C., age 58 years, was admitted into the surgical ward of the University Hospital August 30th, with double hydrocele. The radical operation was performed, and by the 10th of September the local symptoms had subsided. He now began to complain of peculiar sensation in the hands and feet, for which he was transferred to the medical ward September 13.

On entrance he was pale, anæmic, and feeble in appearance, with very poor appetite ; but no symptom of disease was discoverable, save only those now noted. In walking he suffered from a sensation as though he was stepping on rollers, and also had other indescribable podalic paræsthesia. Deep pressure upon the sole of either foot a little behind its centre caused, apparently, great pain, but no other evidence of local disease could be discovered. The hands at times had in them disagreeable sensations, and were somewhat tremulous, especially when he was excited. The muscular powers were unimpaired. He was very easily excited, especially when talking of himself, and on these occasions often passed into a hysterical condition, weeping and crying violently. There was distinct retinal hyperæsthesia. The sleep was very poor, and much broken by startings and jerking of the muscles. The diagnosis at this time was hysteria developed by excessive genital irritation and general feebleness. He denied syphilis, but was put upon the use of iodide of potassium and bichloride of mercury ; bromide and other antispasmodics also being administered.

By the 20th of September there was no distinct alteration of his symptoms, except only that there seemed to be some hyperæsthesia of the whole lower extremities.

On the 23d he was found at the morning visit to be very irritable and fretful, crying out whenever feet or legs were touched. There was also marked intolerance of light and loud sound, which startled him very much ; but he made no complaint of headache, in fact denied its existence. About 11 A. M. he suddenly became maniacal, yelling at the top of his voice, tearing his hair and clothing, rolling and tossing about in his bed, in which he is only kept by physical force. At times he had distinct opisthotonos for a few minutes, followed by convulsive movements. The face and eyes were congested. The eyes closed, but the pupils sensitive to light. Sensation and consciousness were entirely lost. After some hours of this condition he became quiet and passed into sleep, from which he awakened greatly prostrated, partially conscious, and getting out of bed, walks his cells, in great dread and fear. The feet and legs were now extremely sensitive. Seizing his feet would cause him to cry out.

9:24 (from note-book).—During the night slept scarcely at all ; he is continually walking the floor, talking to himself ; offers no violence to any one, but expresses great fear, and attempts to run away when approached, but yields when taken hold of and spoken to in a firm voice ; shows no evidence of seeing visions ; takes his food, and will at times talk intelligently for a few minutes. Bromides and chloral given in very large doses.

9:25.—At the morning visit there was no perceptible change. He continues to walk room constantly, with wild and staring eyes, and anticipates injury all the time. In the night he had another violent attack in which he raved furiously, and made repeated attempts to bunt down the door with his head, producing several scalp wounds. Morphia, chloral given regularly ; bromides, milk punch, and supporting diet.

9:26.—No change.

9:27.—He slept well last night, and awoke without fear or excitement. Lies in a semi-stupor most of time ; will, when roused, speak intelligently for a few minutes, but soon begins to mutter and talk incoherently. Evening temperature 106°.

9:31.—Since last note no change ; temperature a very fraction of a degree above normal ; somewhat more rational ; complains of light hurting him, and that objects appear very indistinct.

10:3.—No decided change in the symptoms. Hyperæsthesia pronounced ; most of the time patient somewhat irrational ; usually quiet, but sometimes gets restless and requires

some force to control. There are no local palsies, and the general muscular force is fairly maintained, and electro-muscular contractility and sensibility everywhere normal; still hyperæsthesia, especially in the feet.

10:5.—General erysipelas of the scalp.

From this time the erysipelas increased, typhoid state developed, and death in coma occurred 4 A.M. Oct. 7th.

Autopsy.—Organs normal in appearance except the brain. Entire surface of the brain very bright red; pia mater intensely injected; no exudation into the membranes. Gray matter of the cerebral lobes reddish, and with very marked puncta vasculosa.

Microscopic examination.—Sciatic nerve normal. Gray matter of the brain cortex with their vessels everywhere intensely engorged, choked up, and swollen out with blood corpuscles; in some sections numerous very minute microscopic hemorrhages existed in the gray matter. The ganglionic cells in some places normal; in other places with their peri-ganglionic spaces wanting; in many places the cells seemed entirely to have disappeared. No change in the white matter, except in close continuity with the cortical layers; in these parts much congested.